

# THE MEDICAL AND SURGICAL REPORTER.

No. 1219.]

PHILADELPHIA, JULY 10, 1880.

[Vol. XLIII.—No. 2.]

## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### REMARKS UPON THE TREATMENT OF SICK STOMACH OF PREGNANCY.

Read before the Lancaster City and County (Pa.) Medical Society, at its meeting held at Columbia, Pa.,  
April 7th, 1880,

BY W. STUMP FORWOOD, M.D.,  
Of Darlington, Harford County, Md.

MR. PRESIDENT AND GENTLEMEN:—Compared with some of the conspicuously technical titles of the subjects placed upon your programme for consideration to-day, the malady which we have selected for presentation to your notice is most homely and common-place. This fact, indeed—its homeliness and its frequency—together with its illy understood and little considered pathology, constitutes its strongest claim upon our serious attention. Superadded to the physical distress which constant nausea occasions, how can we estimate the mental suffering endured by the young and timid bride, whose pregnancy is thus advertised to all her acquaintances, perhaps before she has completed the round of her wedding entertainments!

However acute or lasting her suffering may be, or however exhausted and prostrated the patient may become, instead of receiving words of kindness and sympathy from her friends, she is greeted only with rude jokes and unsympathetic smiles. And her physician even, if she thinks it worth while to apply to him at all, will, in nine cases out of ten, make her a jocular reply, and tell her that this trouble will all pass off after a while, at furthest, at the expiration of nine months!

This, as we all know, is the common ex-

perience of women who suffer from the sick stomach of pregnancy; they get neither sympathy from their friends nor relief from their medical attendant. The physician covers his ignorance under a coarse joke, or under some inefficient placebo. Ladies coming under our professional care have frequently expressed surprise upon being told that there was a remedy for this wretched sickness; they having been informed by their old family physician, in former pregnancies, that medical treatment was unavailing for the relief of their complaint, that the sickness was a condition inseparable from pregnancy, and "must run its course."

Some women, it is true, altogether escape this sickness in their pregnancies, but the majority suffer with it in some degree; and in a few cases, occurring in peculiarly delicate and nervous females, they are kept prostrate upon their beds for weeks and months at a time, and reduced in flesh almost to a shadow.

In the entire catalogue of ills that afflict the human family we can recall none not immediately dangerous to the existence of life so annoying, so embarrassing, and so distressing to the sufferer, as the sick stomach of pregnancy. This malady conjoining, as it does, the mental with the physical distress, the natural temperament of the patient undergoes a radical change; the habitually kind and placid disposition of the individual becomes impatient, irritable, morose and petulant. Everything annoys her, and everybody who comes in contact is apt to be annoyed by her. We can conceive of but few obligations resting upon us as physicians, apart from the actual aversion of impending death, more imperative in their demands upon our talents and

moral obligations than that of relieving the mental and physical sufferings incident to pregnancy. This is a subject that interests the entire human family; our mothers, our wives, our daughters, the female community at large, through whom the race is propagated, and to whom our own existence is due, must all undergo the pains and perils of pregnancy. These sufferers, therefore, have a peculiar claim upon all the skill and sympathy at the command of the physician.

Early in our professional career the want of some reliable prescription for the relief of the sick stomach of pregnant women was pressingly and painfully felt. Our medical teachers at college dwelt very briefly, indeed, upon the subject, and after entering upon practice, we looked in vain to the books for instruction; they were comparatively silent, as, indeed, they yet are, upon this affection. Upon one occasion, we believe in the year 1856, while we were lamenting to a medical friend, now deceased, our utter want of a proper remedy for "morning sickness," as it is usually termed, he rejoined that a certain physician of distinction, whose name we have forgotten, had earnestly recommended a prescription, which was originally suggested, so far as he knew, by Professor George B. Wood, in the *United States Dispensatory*.

—Every other treatment having failed in our hands, although we had tried various so-called remedies suggested by the medical journals, we were quite ready to grasp at anything that held out the least promise of success. The results were almost magical; far in advance of our expectations. Every case was relieved more or less completely; and those who persevered in the use of the remedy for a few weeks were entirely cured.

In reference to the remedy itself, we have no new medicines, under high-sounding and unpronounceable names, to introduce to you; they are old, familiar, and long-tried pharmaceutical friends, their novelty consisting only in the new rôle they now play. The medicine that we rely upon for the cure of the sick stomach of pregnancy, is an infusion of columbo, ginger, and senna.

The details of its preparation and administration will be given as we proceed.

We have regularly prescribed this remedy through a period extending over nearly the quarter of a century; and with the most gratifying results.

We have verbally communicated the prescription to a great number of medical friends residing in various parts of the country, and in all instances where they have reported their experi-

ence the same general success resulted. Hoping still further to extend the knowledge of so simple and so efficient a remedy, we prepared a brief paper on the subject, and read it before the Medical Society of Harford County, Maryland, at its regular meeting held August 11th, 1868, detailing our then twelve years' experience with the remedy. The chief inducement that led to the preparation of that paper was that of supplementing vague theories that were being published with something more practical and reliable.

On February 22d, 1868, there appeared, in the *London Lancet*, an article of considerable pretensions, professing to be a *résumé* of the various and most reliable medicines prescribed for this affection by the leading physicians of the chief hospitals of London. The views of the following distinguished teachers were quoted:—Dr. Greenhalgh, of St. Bartholomew's Hospital; Dr. Graily Hewitt, of the University College Hospital; Dr. Playfair, of King's County Hospital; Dr. Murray, of the British Lying-in Hospital; Dr. Meadows, of the Hospital for Women, Soho Square, and other well known physicians of the period. This article was copied into the *Philadelphia Medical News and Library* for April, 1868.

In our paper, the preparation of which, as before stated, was suggested by these views, we quoted the leading points of treatment advised by these authorities; but, really, we do not now regard them as of sufficient value to occupy your time with their reproduction here. Those interested may consult the original papers above named.

Our paper was afterward published in the first number of the first volume of a small medical journal started in Baltimore, entitled *The Medical Bulletin*, and edited by Dr. Edward Warren. This journal, and especially the first number of it, had a very limited circulation, and we believe survived only one or two years. Although it may be said that our paper was "published," we feel sure that the journal containing it reached but a very few readers.

Twelve years having elapsed since this limited publication, it has frequently been upon our mind within the last two or three years to reproduce it and give it a wider circulation. Therefore, when a member of your committee applied to us, two or three weeks ago, for some material for presentation to your Society at this meeting, we could think of nothing more practical or appropriate to the occasion than to offer you our experience in the treatment of the sick stomach of pregnancy.

Notwithstanding the extremely limited circulation of the *Medical Bulletin*, our article did not escape the vigilant eye of Dr. George H. Napheys, of Philadelphia, who at the time was engaged in the compilation of his work on "Modern Therapeutics," which was first published, we believe, in the year 1869 or 1870. He copied the prescription as a remedy for the complaint in question, without according credit to any one for the suggestion. This plagiarism was so glaring—for he had used a sufficient number of our words in connection with the prescription to place its quotation beyond all doubt—as to bring forth from our friend, Dr. W. W. Virdin, of Harford county, a forcible protest. Dr. Virdin's explanation of the source of the prescription was published in the *Philadelphia Medical and Surgical Reporter*, in or about the year 1870.

Dr. Napheys essayed a feeble rejoinder through the pages of the same journal, to the effect that he gathered his information, with an omnivorous appetite, from all attainable sources—which none would object to, provided he made the proper acknowledgments—but he neither confessed the plagiarism, claimed originality, nor indicated the source of his information regarding the prescription. Death having claimed Dr. Napheys as one of its victims, we would not, if we could, say more.

Of late years many suggestions have been made through the medical journals as to the treatment of "morning sickness;" scarcely a month passes that we do not meet with a paragraph or two upon the subject; yet in no instance, except in that of Dr. Napheys, have we found any mention of our prescription. Within a few weeks we have read in one of the journals where a writer announced that he had cured a case by the dilatation of the os uteri. This proceeding we should regard as extremely hazardous to the pregnancy, to say the least. Since the uterine speculum has been brought into such general use, we fear that serious inroads have been thoughtlessly, and in many instances unnecessarily, made upon those delicate sentiments of modesty which we admire so much in woman. But even though the dilatation of the os uteri should prove remedial for this affection, yet how much more agreeable to the feelings of both patient and physician to have at command an efficient remedy for administration per orem.

About fifteen years ago, as correctly as we can remember without referring to the authorities, the oxalate of cerium was introduced to the profession, with a great flourish of trumpets, as an unailing remedy for the sick stomach of preg-

nancy. The journals teemed with its virtues for several years, but like nine-tenths of all the new remedies in medicine, this preparation seems to have fallen into disuse. The results from its use in our hands were far from satisfactory, though we confess we never experimented with it to any very great extent, for the very reason that we already had a simple and reliable remedy in hand. The original suggestion, referred to previously, as to the application of this prescription in the malady under consideration, by Dr. George B. Wood, in the "United States Dispensatory," is expressed in the following vague and incidental language, and perhaps has not impressed the mind of one reader in a thousand with its connection with this subject. Under the head of "Columbo," and more technically, "Calumba," Professor Wood uses the following language: "It has been highly recommended in vomiting unconnected with inflammation, as in the sickness of pregnant women. It is frequently administered in combination with other tonics, mild cathartics, and antacids. The remedy which we have found most effectual in the permanent cure of a disposition to the accumulation of flatus in the bowels is an infusion made with half an ounce of columbo, half an ounce of ginger, a drachm of senna, and a pint of boiling water, and given in a dose of a wineglassful three times a day."

To make the prescription clear to the eye of the reader at a glance, we place it in regular form, as follows:—

R.	Rad. columbo contus.,	
	Rad. zingiber.,	aa 3 ss
	Fol. sennæ,	3j
	Aqua bullient.,	℥j

Infus.

M.

Sig.—Take a wineglassful before each meal.

It will be seen from this quotation, that Professor Wood, one of the most careful and accurate of writers, only makes a passing reference to the value of this prescription in the sickness of pregnancy; evidently attaching but little importance to it, simply stating that it had been recommended in such cases, but did not think it worth while to state by whom it was recommended. He chiefly dwells on its value in dyspepsia, constipation and flatulence, in which complaints he has found it an effectual remedy. This is all the information regarding the use of this prescription in the sick stomach of pregnancy that we have ever obtained, except what we have derived from our own experience with it, and from the experience of dozens of our fellow practitioners to whom we have communicated the recipe.

For a time we used these medicines in a powdered state, but finally abandoned it in that form, because of the "mushy" character of the infusion, which was disagreeable to the patient and difficult to filter with ordinary appliances. Later in practice, we prescribed the fluid extracts of each of the three ingredients, but for some unexplained reason they did not appear to act so efficiently; therefore, we have now returned to the original recipe, which was simply to confuse the roots, and directing that each dose be filtered through gauze when taken, and immediately after pouring off each dose we direct that the vessel containing the infusion shall be well stirred or agitated, to facilitate the extraction of the virtues from the herbs. We have also found by experience, that when the infusion has been about half used, it may be filled up to the original quantity by adding half a pint of boiling water, when the second preparation will be nearly or quite as strong as was the first half. In warm weather it is better to prepare a smaller quantity at a time, and keep it in a cool place. Also a small portion, two or three tablespoonfuls, of brandy or gin, may be added with advantage to the infusion, for its stimulating effects upon the patient, and for its value in preserving the infusion from the souring process in hot weather.

In some cases, attended with unusual acidity of stomach, we add half a drachm of carbonate of magnesia to the recipe. Constipation of the bowels nearly always exists in this sickness; but should the bowels, on the contrary, be relaxed, we omit the senna.

We are in the habit of prescribing two parcels of the recipe for the patient to take continuously, mixing one at a time, and making the addition of water referred. This quantity is sufficient in mild cases; of course, it must be continued longer if necessary. There appears a tendency on the part of the complaint to return in the course of three or four weeks after the conclusion of the first treatment. By then using one or two pints more of the infusion, the patient will be almost invariably cured of her sick stomach.

When the complaint is at all violent, it is better for the patient to take the morning dose, and afterward her breakfast, in bed, and not to rise until at least one hour after eating.

Patients rarely present themselves for treatment until they are very much exhausted from this sickness. They are weak, pale or sallow, emaciated, constipated, nervous, and express themselves as feeling wretched generally. In the columbo and ginger we have the tonic and stomachic so much needed, and in the senna the gentle

laxative; all of which being combined, mildly stimulates to healthy action the disordered stomach, liver, kidneys and bowels. The bitter taste of the medicine, so objectionable at first to the patient already so extremely nauseated, soon disappears upon the establishment of healthy digestion and return of natural appetite. The morbid mental condition of the patient also clears up and disappears, as does the pale and sallow complexion. Of the many patients to whom we have prescribed this medicine, we remember but one who persisted in asserting that she derived no benefit from it whatever; and in her case it was prescribed in two separate pregnancies, with the same report. This patient always referred in strong terms to the extremely bitter and unpleasant taste of the medicine; and as her sickness was not at any time so extreme as to confine her to bed, we had our suspicions that she did not persevere in the use of the remedy as we directed her to do.

We may safely say that three-fourths of our cases have been absolutely cured under this treatment, and the remainder so much benefited as to enable them to discontinue the treatment after two or three weeks' use, without any serious inconvenience subsequently. Every patient to whom we have administered this prescription has been so far benefited as to leave her bed and to attend to her usual duties. We have known of patients, without such treatment, who were compelled to remain in bed for weeks at a time, as their only relief from distressing nausea.

In more than one case that has applied to us for treatment, wherein sick stomach was the prominent symptom, without any explainable cause for its presence, and where, if pregnancy existed, there were strong motives for its concealment, we have repeatedly verified our suspicions, without the knowledge of the patient, by the successful employment of this infusion. Even in cases where there were no motives for such concealment, the patient's experience being so different from that in former pregnancies as to mislead her in regard to her present condition, we have been able to satisfy all concerned of the fact, by the prompt relief afforded by this remedy. It may therefore be regarded as possessing great diagnostic value, apart from the curative, in cases of suspected pregnancy.

In conclusion, we will quote the last paragraph in our previously published paper on this subject, with the remark that the experience of the twelve years that have since elapsed has confirmed to an equal degree the experience of the twelve preceding. The following is the language referred to:—



"As before stated, we have been in the regular practice of administering this infusion to all cases of 'morning sickness' that have come under our charge during the last twelve years, numbering perhaps two hundred or more; and such has been our uniform success, that we will remark, in closing, though the expression may appear extravagant, that we regard the columbo, ginger and senna infusion as much entitled to the character of a specific in the treatment of the sick stomach of pregnancy, as quinine is in the treatment of intermittent fever.

#### OPHTHALMOLOGICAL CONTRIBUTIONS.

BY P. D. KEYSER, M.D.,

Surgeon, Wills Eye Hospital, Philadelphia.

##### Duboisia.

When a new substance in *materia medica* is brought before the profession it immediately finds a number of advocates, who, in all their experience and very numerous experiments with it, have additional testimony in its favor to add.

In this way many an article receives a reputation, and is much used in the profession, without any doubt of its reliability, taking for granted that from its number of advocates there can be no doubt of its efficacy; and then because those who have written upon its action have done so with such zeal and earnestness, which has given the impression that it is and must be perfect, and can be thoroughly trusted at all times and on all occasions.

Since the introduction of duboisia as a mydriatic in ophthalmic medicine, many have written thereon, in this country as well as in Europe; and all of the experience, as given, places it as always thoroughly reliable and more effective and rapid in its action, when instilled in the eye, than atropia, even in much weaker solutions. None, however, mention any irregularity of its action; thus giving the impression that it is at all times sure and certain in its action, in all cases, whether in strong or weak solutions.

Knowing that nothing is perfect in this world, I determined to test this reliability of its action on the pupil and accommodation, and used it in one hundred cases to dilate the pupils for special ophthalmoscopic examination, as well as to paralyze the accommodation, in correcting defects of refraction.

My experience in this thorough trustworthiness has been so different from former writers, that I feel it a duty to lay it before the profession, so that they may know that it is like all other ar-

ticles, having a regular and irregular action at times, and upon certain individuals.

Of the hundred cases in which it was used, in ninety of them my experience agrees with the given data of those who have written about it. Its action was much quicker, more energetic, and passed off in much shorter time than atropia. In ten of the cases, however, it acted very irregularly, as follows:—

Miss Mary J. B., age 24. Vision,  $\frac{30}{xxx}$ . Ophthalmoscopic examination. Hypermetropia 3D. After the instillation of a drop of a solution of sulphate of duboisia, two grains to one ounce, in the eyes, the pupils were dilated ad maximum, and accommodation thoroughly paralyzed in twenty minutes, with vision reduced to  $\frac{6}{x}$ . While examining her the accommodation and pupils began to change, and in less than an hour from the time of the instillation the pupils were normal, with free, prompt action, and the paralysis of accommodation had passed entirely away. Vision was again  $\frac{30}{xxx}$ , and she could read readily, for awhile, Snellen 1½ at twelve inches.

Returning the next day, the same solution was used, and the instillations made three times within an hour, without the effect of paralyzing the accommodation, or of dilating the pupils ad maximum. The thorough effect desired was only gained after the use of a four-grain solution several times.

Henry V., age 26. Congenital dislocation of the lenses. It being necessary to dilate the pupils, to examine the eyes carefully, I instilled a half-grain solution in the eye, thinking I would get the pupils large enough in a few minutes. Four instillations of this solution in half an hour did not dilate the pupils in the least. After waiting one hour I used a one-grain solution, which had the desired effect in half an hour.

Miss J. C., age 18. Ophthalmoscopic examination. Compound hypermetropic astigmatism. A two-grain solution of duboisine instilled into the eyes. Pupils well dilated and accommodation completely paralyzed in thirty minutes. The action did not, however, pass off before the tenth day after.

Henry H., age 56. Ophthalmoscopic examination. Mixed astigmatism. A two-grain solution was used, to paralyze the accommodation, but it did not have the desired effect until used several times a day for two days. The action did not pass off until the seventh day.

Mrs. R. C. H., age 45. Compound hypermetropic astigmatism. A drop of a one-grain solution was instilled into the eyes at 15 minutes before 11 o'clock. Not the least sign of any

action at 11½ o'clock. Used now a two-grain solution; at 12 o'clock a partial dilatation of the pupil and slight change in accommodation. Instilled a three-grain solution, and at 12½ o'clock complete paralysis of the accommodation was not attained. It was not until 1 o'clock that the desired effect was achieved.

Thomas M., age 35. Mixed astigmatism. A one-grain solution instilled four times in half an hour, without any perceptible action. A two-grain solution used twice in half an hour succeeded. The action did not pass away until the seventh day after.

Mr. R. M. C., age 52. Compound hypermetropic astigmatism. At 10½ o'clock A.M. a drop of a one-grain solution of duboisine was instilled into the eyes, followed in fifteen minutes by another instillation. At 11 o'clock no dilatation of the pupils; they acted promptly under the influence of light; but it was found that the accommodation was affected. At this time a two-grain solution was used, and the instillations made twice in half an hour. At 11.40 o'clock the pupils were dilated ad maximum and accommodation paralyzed. The action did not pass off until the eighth day after.

P. W. S., age 14. At 9 o'clock a two-grain solution instilled. No action at 10 o'clock; again introduced, and no action at 10½ o'clock. A four-grain solution was now used, and it was not until 11½ o'clock that the required effect was attained. The action did not entirely pass away until the tenth day after.

Mr. C. B., age 68. Pupils naturally very much contracted. Desiring to get a good view of the fundus, I instilled a half-grain solution, for the purpose of slightly dilating the pupils. No change in the size of the pupils after waiting twenty minutes. Half-grain solution again used. No effect in twenty minutes more. A one-grain solution was now dropped in the eyes, which had no effect after waiting again twenty minutes. Determined to test the duboisine in this case, I now used a two-grain solution, and after waiting half an hour the pupils were dilated about twice their natural size, and in one hour about 4 mm. diameter. This width they remained for three days, then reduced to 3 mm., at which size they have remained ever since.

Mr. S. B., age 21. Ophthalmoscopic examination. Compound hypermetropic astigmatism. A two-grain solution did not paralyze the accommodation after instilling it twice in forty minutes. A four-grain solution was used, and it took a full hour before the proper effect was obtained. The action did not pass off until the tenth day after.

In 90 per cent. of the cases the action was prompt, and really much quicker than with atropia, requiring, at the furthest, but half an hour to reach the desired effect of complete paralyzation of the accommodation. The action passed off in two to four days. In 10 per cent. the action was irregular and unreliable, as shown in the cases cited.

In comparing it with atropia, in my hands I find it no more reliable, only a little quicker in its action in a majority of cases. I have had many cases in which atropia, of a four-grain solution, has completely paralyzed the accommodation in forty minutes. Atropia, although a little slower in its action and a little longer (eight to ten days) passing off, has always been very reliable with me.

In cases after cataract operation, where some inflammation of the iris has set in, from either contact with the torn capsule or remaining cortical mass, and prompt action is required, I have found duboisine much preferable to atropia. Also in cases where atropia creates a conjunctivitis, I have found duboisine in a one grain solution to be readily received without irritation.

Of the toxical effect of duboisine I have had no experience. In none of my cases has such been perceived. I do not think there is any danger, if the proper care is taken in the instillations in the eye by the surgeon using it, but under no circumstances would I prescribe it as we do atropia and let the patient use it at home. In using it I am careful to draw the lower lid down at the outer canthus, so as to form a pocket, into which I drop the solution; at the same time, while still holding the lid in this way for a moment, I place the point of a napkin in the inner canthus, to absorb all the surplus as soon as I let go of the lid and permit it to adjust itself. In this way the napkin takes up that which would pass through the canaliculi into the tear duct and down into the throat. It will thus be seen that duboisia, although a very active and efficient remedy in most cases, is not to be always positively relied upon in its promptness of action and the rapidity with which it passes off.

#### Leptothrix.

In Part I, vol. III, of the "Archives of Ophthalmology and Otology" (1878), Dr. Gruening describes a case of leptothrix in the upper canaliculus, and as being the second of the kind on record, Schirmer, of Greifswald, having published the first, demonstrating the existence of this fungus in that position. Del Monte, in 1874, reported a case where seventeen little leptothrix concretions, from the size of a powder grain to

a hemp seed, were found in the upper canaliculus of a patient. In the lower canaliculus it has been more frequently observed. v. Græfe reports ten cases; Forster, one; Bugier and Hirschler, each, one. It will be seen, from the really few cases that have been as yet reported, that the existence of this fungus in the canaliculus belongs to the class of rarities in ophthalmic practice, and as I have seen nothing later in the report of such cases than those above mentioned, I feel at liberty to present the following three, which have come under my observation:—

On November 12th, 1874, Mrs. D. D. M., age 62, of Burlington, N. J., was brought to me with double cataract, for operation. In the right eye, which was first blind, there was considerable conjunctival catarrh and epiphora, which she said had been there for some time. There was intumescence of the caruncle and semi-lunar fold; a considerable cylindrical swelling along the course of the lower canaliculus, and a very large, round, crater-shaped puncta, with a whitish rolled edge. On pressure a viscid, yellowish, pus-like substance came out of the puncta, but the swelling was not reduced. Remembering v. Græfe's, Forster's and Gruening's accounts and descriptions of their cases, I judged that I had such an one here, and so informed my patient, who consented to its removal before the operation on the cataract.

With a Weber's canaliculus knife I slit up the canaliculus, and immediately was exposed a large mass of an opaque yellowish concretion, of a soft consistence, with uneven surfaces, which was removed by a Daviel's spoon. The canal was enormously distended. In a few days all inflammation in the eye passed away, and the cataract was successfully removed. After the removal of the concretion it was carefully examined. It was broken into pieces, and found to contain opaque chalky particles, which were removed by dilute hydrochloric acid, and then, under the microscope, the leptothrix elements were plainly and clearly seen.

I cultivated some in glycerine, as Gruening did, and derived the same result, viz: "The next day a delicate, whitish, gossamer-like zone formed around the particles, which increased considerably in twenty-four hours, extending to the surface of the glycerine, forming thereon a lightish-green layer, the microscopical examination of which demonstrated filaments of penicillium and pencil spores.

J. C., age 36. Came to me June, 1877, seeking relief for an inflammation of the right eye, from which he had been suffering for nearly

a year, and for the past month it had given him much more trouble than formerly.

The whole of the conjunctiva was more or less inflamed and thickened, but the upper canaliculus was very much swollen, and the puncta enlarged and crater-shaped. On pressure only a little yellow pus-like substance came out.

Suspecting leptothrix, I slit the upper canaliculus with a Weber's knife, and in the largely distended canal four small, yellowish, round particles, about the size of a millet seed, were seen, which were removed, and on examination, as in the previously mentioned case, leptothrix elements were found.

Miss Maggie A., age 21, came to my clinic at the Will's Eye Hospital, March 6th, 1880, for treatment of a tumor growing on the lower lid of the left eye. There was considerable inflammation in the caruncle and semi-lunar fold. The lower canaliculus was largely swollen, and just behind it there was a tumor projecting, like a meibomian cyst; at the same time the puncta was very much enlarged, and out of it was a fleshy, wart-like growth. On pressure a little viscid fluid came out.

My impression was that it was a meibomian cyst, that had formed near the canaliculus, and had opened into the tube. To get at it properly I slit up the canaliculus, and at once there presented to view a large, yellowish, opaque mass, the size of a hemp seed. It was carefully removed, and on examination I found it to be a concretion of leptothrix elements, resembling exactly the first case I report above. In a few days all the inflammation passed away, without any other treatment.

The human body is infested with many parasites, animal and vegetal, which either crawl over the surface, burrow beneath the skin, nestle in the viscera, or propagate their kind in every part and corner of the body. Each has its special or favorite place of domicile; and at times it is transported or planted unconsciously from one part to another.

Of the vegetal parasites which grow and multiply on the human frame, the leptothrix buccalis, a form of penicillium, is extremely general in the mouth; being found in the saliva and the soft, cheesy-like accumulation on the teeth, which eventually hardens into the concretion called tartar.

In accounting for its origin, it is reasonable and natural to infer that it is not from spontaneous generation, but that the germs have been introduced into the mouth either by the air, water or food. The air, water, food, and

the earth are more or less alive with myriads of microscopical beings, which can readily be introduced into any part of the body, there to remain as a place of habitat.

Now the question would naturally arise, how did this fungus get into the canaliculus? By the simple and common practice of moistening the end of the fingers with the saliva and rubbing it on the edges of the eyelids if they itch or burn, is, no doubt, the manner and method of transporting the germs from the mouth to the eye, which have eventually formed a place of habitat in the canaliculus, and there multiplied.

All of the above described cases informed me that they had been in the habit for a long time of frequently moistening the finger in the mouth and rubbing the edges of the lids therewith. Particularly so in the morning, on rising from bed.

#### **Congenital Band of the Iris Dividing the Pupil into Equal Halves.**

Miss Bessie McC., age 26, came to my clinic May 27th, 1879, to see if anything could be done to improve the sight of her left eye. On examination it was found that the pupil was divided in half by a broad band running across from margin to margin of the iris, at an angle of  $110^\circ$ . This band was  $1\frac{1}{2}$  mm. wide, of the same thickness, color (bluish gray) and continuous structure of the iris. It was entirely different



from any of the persistent pupillary membranes that we have seen. On the instillation of atropia in the eye it appeared to stretch considerably. She said that she had never suffered from any inflammation in the eye, nor were there any points of adhesion to the capsule to be found. The iris was perfectly free and movable at every point except where held in check by this band.

On June 7th I admitted her into the hospital for operation, as I proposed to try to remove this band without destroying the continuity of the pupil.

After the patient was anesthetized, a small incision was made at the lower and inner quadrant of the cornea, through the sclero-corneal junction, as far back as possible, to prevent prolapse of the iris. A delicate pair of iris forceps were introduced through the incision, passed up in the anterior chamber to the upper line of the pupillary margin and attachment of the band, where it was grasped in its whole breadth and pulled down so as to tear it loose from this point. This being accomplished, it was drawn out of the corneal incision and cut off just at the pupillary margin.

The iris, which came out of the corneal incision, was replaced by the spoon and a solution of pilocarpine (4 grs. to the ounce) dropped in the eye. A bandage was put over the eye and the patient put to bed. No inflammatory condition set in after the operation; and the pupil became round, as in the normal condition. The action of the iris has been perfect ever since.

## **HOSPITAL REPORTS.**

### **COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.**

CLINIC OF PROF. JACOBI, APRIL 14, 1880.

#### **Infantile Constipation.**

How old is this child? "Three months." What is the trouble? "Its bowels move eight or ten times a day." Only a little at a time? "Yes, only a little bit." Are you sure its bowels move as often as that? "Yes, I think they do."

I show you here, in this napkin, a collection of these bits of feces which the child is passing continually, the mother says as often as eight or ten times a day, but it is not probable that it is so frequent. You see that the color of the feces is about normal, but that they are deficient in moisture. They are dry and somewhat friable. If I break open a piece I shall find it a little white inside. No, it is very little changed in color from the outside, only a little whitish within.

The passages of young babies are never normally like this. They are of about the same color, but semi-solid. There is evidently here a lack of moisture, which may possibly arise from an insufficient secretion on the part of the intestinal glands. It may, however, arise from other causes. It was, I think, in 1869 that I alluded, in my writings (*Journal of Obstetrics*, Aug., 1869) to a peculiar anatomical condition occasionally existing in the bowels of new-born or young infants. It had been recognized before, by a few anatomists, that the intestinal tract is different in the young from what it is in the old. The colon is very much larger and longer, in proportion, in the child, than in the adult, and this peculiar condition often remains up to the age of five or six years. The child may have two or even three sigmoid flexures, or the real sigmoid flexure may not be found on the left side, but on the right. It has occurred that the colon has been on the right side and not on the left, in those cases of imperforate anus where the operation has failed to discover the sigmoid flexure on the left side. In the passages of the young, where the peristaltic action of the bowel is normal and the colon of the usual proportion, the passages will not dry out, but where the flexure is long, or there are two or three of them, the feces will dry out, as in the case before you.

In the fetus and new born the secretions of the intestines are very copious. There is a great deal of mucus and epithelium, which may become very dry and compressed, to such an amount,



indeed, as to constitute actual obstruction. I remember one such case in my own practice, where constipation existed, accompanied by vomiting and other symptoms of complete obstruction. Water was injected in large quantities; air was blown into the intestine, and carbonic acid gas also, by means of an apparatus prepared for the purpose, but all to no avail. At last symptoms of regurgitation took place, peritonitis set in, and the child died. I made a post-mortem examination and found that the condition was like this which I have mentioned. There were three sigmoid flexures, and in one of them an accumulation of epithelium, mucus and feces had taken place, which was so hard that my probe passed through the mass with difficulty. Not long after I was called to a similar case and treated it in the same way, but without avail. I saw the case in consultation, and not liking to be caught in the same scrape again, was prepared to operate, when late one night my door bell rang and the physician in charge of the case came in and said, "Doctor, the child has had a passage." The child had passed a mass of mucus and epithelium, and finally got well. There have occurred to me a number of cases like this in children, that cannot be explained in any other way than by the fact that there were two or three sigmoid flexures, one on top of the other, and impeding the free passage of the feces.

When you are called to such a case, where you suspect such a state of things, you are to regulate the diet so that there may be an abundance of water in the food. In fact, it is always better to have too much water in an infant's food than too little. In the choice of food, do not give tapioca, rice, potatoes, or even barley, which is my favorite child's food, but give oatmeal, in preference.

Purgatives ought not to be given except in very urgent cases; they will not act without great pain. You cannot do without injections, and from these you will derive great benefit. You may be compelled to use them for months and years. Remember that the constipation is anatomical, and hence may not disappear until the cause has disappeared, and this peculiar condition may exist even up to the fifth year. You may give an enema every day, not of soap and water or salt and water, but simply wash out the intestine with pure warm water, and wait until nature restores to the intestinal canal its proper proportion. Not until then will the trouble disappear, for it is based on anatomical peculiarities. Oftentimes the accumulation of feces in these flexures will give rise to dullness on percussion on that side. It is so in this case.

In a number of cases the constipation was so obstinate that I had to scoop out the rectum repeatedly. Have patience, inject day after day, and you will succeed when the time comes for a condition of the colon descendens, such as is met with in more advanced age.

Another cause of constipation like this may be that there is an insufficient physiological action of the muscular layer of the intestine. This may occur where it is not sufficiently developed, as in feeble children. In another class of children this constipation does not appear until from six months to one year after birth, and then from being perfectly regular they

become obstinately constipated. In this class of children the muscles of voluntary motion, as well as of the intestine, become diminished in power; they are rachitic children. The symptoms of rachitis need not be developed at first in the bones. Rachitis is not always a disease of the bones primarily. It is a disease of the general system, and there are a number of children in whom the first symptoms of rachitis is that of obstinate constipation; the worst cases are often those which commence with obstinate constipation. In these cases, where they occur as early as the second or third month, you will often find softening of the bones of the cranium, and the peculiar diaphragmatic groove. The child is often fat and vigorous looking up to the age of two or three months. Then, if obstinate constipation sets in, it is pretty safe to look for rachitis, and these cases are often, as I have before mentioned, the worst cases of rachitis, ending in effusion within the cranium, hydrocephalic symptoms, and sometimes death. You will not find these forms of constipation mentioned in the books, and should opportunity permit, I shall be glad to take the subject up again.

## MEDICAL SOCIETIES.

### UNION MEETING OF THE LANCASTER CITY AND COUNTY MEDICAL SOCIETY WITH THE SOCIETIES OF ADJACENT COUNTIES.

Held at Columbia, Pa., April 7th, 1880.

Reported for the MEDICAL AND SURGICAL REPORTER,

BY W. STUMP FORWOOD, M.D.,  
Of Darlington, Md. A Visitor.

Physicians, as a class, have at command fewer opportunities for relaxation from business, and for general mental and physical recreation, than any other class of men; excepting, of course, those whose daily manual labors are essential to the actual support of their families. No clerk or assistant can fill their places in absence, as in other kinds of business. The work of the medical practitioner, though not always continuous, is never ending; and the intervals from actual professional occupation which might be termed leisure, are so uncertain as to interruptions, that they can but rarely be utilized for purposes of rest and pleasure, for the fear that the anticipated indulgence will all be dissipated in a moment by the hasty arrival of an urgent "call."

It is true that more social enjoyment might be indulged in, without detriment to patient or physician, if the latter was properly inspired with the sense of good to be derived from personal contact with the great men of the profession, and also possessed of the necessary energy and industry which will always enable him to devote all proper attention to his patients and at the same time allow him opportunities of cultivating his mind in a way to become a better physician, by attending meetings of medical men, which are designed for mutual instruction in the great science of medicine.

*Union Medical Meetings*, that is, meetings of the medical societies of adjoining counties, have recently been instituted, and have been productive of much good, by bringing together, under most agreeable circumstances, neighboring practitioners who would otherwise rarely meet. Thus, our domain of professional friendships becomes enlarged; and in like proportion, if we improve the opportunities, must our professional knowledge grow.

In keeping with the general spirit of the age in which we live, which is that of advancement and improvement, the Medical Society of Lancaster County and City, Pennsylvania, held a union meeting at Columbia, on April 7th, 1880. To this meeting were invited the members of the Societies of several of the adjoining counties in Pennsylvania, and also the members of the Societies from Cecil and from Harford counties, in Maryland; so that two States, as well as several counties, should be represented at the meeting.

As a special act of courtesy and respectful consideration, the host, the inviting Society, Lancaster, placed the entire programme for the conduct of the meeting in the hands of their invited guests; that is, all of the papers read before the meeting at Columbia were prepared by the visiting friends from other counties. All discussions suggested by the papers were, however, general, all present being desired to participate in them.

The arrangements for the meeting were intrusted to the able executive care of the following named gentlemen, as the General Committee, all of whom were residents of Columbia, or near by: Dr. J. A. Thompson, Dr. D. I. Bruner, Dr. J. F. Cottrell, Dr. T. M. Livingston, Dr. J. H. Lineaweaver, Dr. G. W. Berntheizel, Dr. S. Atlee Bockius, and Dr. Alexander Craig.

This Committee corresponded with various gentlemen in the different counties, that were to be invited, some weeks before the date fixed upon for the meeting, with a view to securing essayists for the occasion, and having their names and subjects announced on the printed programme that was to be sent out with the letter of invitation to the meeting.

The following is the Order of Exercises that was arranged in advance of the meeting; and to the credit of the essayists named be it said, and to the sagacity of the Committee in selecting them, every one of the twelve named appeared at the meeting, and performed his part of the programme. And the general sentiment of the meeting, very freely expressed, was that each one filled his part faithfully and satisfactorily, and contributed much to the entertainment and instruction of all.

The programme, which was quite diversified, as will be seen at a glance, and correspondingly interesting in the treatment of the subjects, was arranged as follows:—

1. Address of Welcome; by Dr. I. Bruner, of Columbia.

2. The Construction and Advantages of a New Mechanical Appliance for the Treatment of Disease of the Spine; by Dr. H. L. Coover, of Harrisburg, Pa.

3. Notes on Vital Conservation; by Dr. A. A. Hanna, of Port Deposit, Md.

4. Traumatic Perforation of the Intestine; by Dr. E. W. Meisenhelder, of York, Pa.

5. The Establishment of a State Board of Health as a Department of State Government; by Dr. J. W. Houston, of Collamer, Chester Co., Pa.

6. Rest, and its Relation to Disease; by Dr. S. B. Keiffer, of Carlisle, Pa.

7. Treatment of the Sick Stomach of Pregnancy; by Dr. W. S. Forwood, of Darlington, Md.

8. Duodenitis; by Dr. Jacob Hay, of York, Pa.

9. A Day at Gheel; or, the Cottage Treatment of the Insane; by Dr. J. Z. Gerhard, of Harrisburg, Pa.

10. Report of two Cases of Litholapaxy, with Remarks; by Dr. H. L. Orth, of Harrisburg, Pa.

11. Embolism; by Dr. J. W. Kerr, of York, Pa.

12. A Report of a Post-mortem Examination of a Patient Dying of Cancer of the Omentum; by Dr. W. W. Dale, of Carlisle, Pa.

The meeting was convened at the Opera House, of which building Columbia may well be proud, on Wednesday, April 7th, 1880, at eleven o'clock A.M.

In the absence of the President of the Lancaster County Medical Society, Dr. J. A. Thompson, who was confined at his home by sickness, the chair was occupied by the First Vice-President, Dr. A. M. Miller.

Upon motion, Dr. P. J. Roebuck, of Litiz, was elected temporary Secretary.

The President then introduced to the meeting Dr. D. I. Bruner, of Columbia, who delivered the following address of welcome:—

"MR. PRESIDENT AND GENTLEMEN—This stated meeting of the Lancaster City and County Medical Society has been convened in this hall for the special purpose of receiving and communing with our friends of other medical societies. The physicians of Columbia and neighborhood have honored me with the pleasant duty of extending to you, gentlemen of the home and visiting societies, a cordial greeting.

"Those whom I represent would naturally desire that their kindly feeling should be expressed worthily, warmly, eloquently. In selecting me as their spokesman, however, they put aside all thought of rhetorical display. My title to this foremost place is seniority; not that I am so gray as our venerable president, whose absence, on account of sickness, I deeply regret; nor do I wear so many years as the honored father of our society; I am simply the senior physician of this place. But this seniority qualifies me, knowing so well by long association the feelings and sentiments of my townsmen of half a century of practice—nearly thirty years having been spent in Columbia—this qualifies me to express in their behalf, as I now most earnestly do, a sincere and hearty welcome on the part of my medical brethren especially. I welcome you, not only to our town, but to the highest places in our meetings.

"This assembling together of the physicians of neighboring counties is a recent custom—innovation rather, it has scarcely crystallized into a custom—but one which, I think, meets the hearty approval of every one of us, having at heart the interest and progress of our profession. With medical literature multiplied as it is beyond a

busy man's capacity to read, to say nothing of digest, some short road to knowledge becomes indispensable. The personal interchange of thought, of opinion and of experience, is a condensation, a combination, of our separate study, and research, and experiment. We meet to compare notes, expose critical cases, discuss the thousand questions arising in our ever-expanding and improving profession.

"New diseases, old diseases under new forms, new remedies, new combinations, new chemicals, all these demand our consideration, and many our condemnation. Our aim is to contribute each his quota to mutual improvement, to the elucidation of abstruse problems, the unraveling of seeming mysteries of disease. By contact we seek to burnish our minds, to sharpen our apprehensions, and to gather from the resulting discussion facts and data which shall stand us instead of personal experience. Our County, State and National Societies are fields for this same contact and consultation; but are not these reunions, free from the trammels of fixed time and place, of constitution and by-laws and routine, more gratifying and enjoyable?

"As a class, we physicians are separate and distinct from other men. Our thoughts, feelings, I may almost say our customs, are peculiar. We naturally seek congenial society; we find it within our own ranks. Aside from a strictly professional bearing, the influence of these assemblies in a social aspect is strengthening to our brotherhood.

"We must unite ourselves by every possible tie; for no distinct body, social, political or professional, can expect to exist without envy, detraction and opposition. We must stand firmly together against the traitors, the impostors, the humbugs, who intrude upon our ranks and strive for our name and place. We must denounce the ten thousand nostrums which flood the country with quackery in all its forms. By our efforts to prevent disease, to soothe, to strengthen, to heal suffering humanity, we must make good our claim to be indeed the conservators of health, the true and only ministers of healing.

"Gentlemen, we have not forgotten the kind reception, the cordial welcome and hospitable entertainment extended to and received by us at Port Deposit and Wild Cat. The members of Harford, Cecil, Oxford, York and Harrisburg Societies have endeared themselves to us by their kindness and congeniality. We, in turn, are the hosts, and will endeavor to make the occasion one of pleasure to our guests. This place has been selected for our assembly, because easy of access by rail from every direction; and the unequalled scenery through which our visitors have approached must have attuned their minds to high thoughts; we await their utterance. We keep in mind the lucid and erudite essays of past meetings, and look to you, gentlemen, for the papers of to day. Let us, however, not forget that discussion is earnestly desired, and should be participated in by all who may feel interested in the subjects presented.

"Gentlemen, once more I welcome you warmly. I trust that this meeting will strengthen the bonds of fellowship, and help to elevate the standard of the profession.

"In conclusion, allow me to say—If your visit should prove as agreeable to you as it is flattering to us, you will carry with you only pleasing recollections of an occasion which we shall remember with gratification."

Physicians, as a rule, are not orators, nor even fair public speakers. Their walks in life are in the paths of quietness, if not of peace; in the chambers of the sick and the dying, where low-voiced whisperings alone are needed, or are advisable. Therefore, the great majority of physicians, when appearing before a public assemblage for the purpose of making some "remarks," even upon familiar medical subjects, feel themselves much embarrassed in their new and unpracticed rôle, for the want of that ease and freedom in delivery which can only be obtained or acquired by frequent practice.

In the delivery of this address of welcome, Dr. Bruner, although not making any effort at oratorical display, spoke clearly, distinctly, and in a most pleasant and feeling tone, which effected more in causing every hearer to know and to feel that he was welcome than could have possibly resulted from the most finished oratory where the inspiration of friendship and unity was wanting. Dr. Bruner spoke without notes, and his discourse and its delivery came well up to our estimation of a medical speaker—of what a medical man should say under the circumstances—and the happy and dignified manner in which he gave expression to the hearty welcome.

Although the programme, as before stated, was fully carried out, yet the papers were not all read in the order announced, for the reason that some of the essayists were delayed in their arrival in Columbia until after 12 o'clock.

The first paper read was by Dr. A. A. Hanna, of Port Deposit, Md., the subject being: "Notes on Vital Conservation." This was a good exposition of the views established by recent physiological researches, especially through the use of the microscope. The paper was well read, and appeared to excite considerable interest in the minds of the auditors.

The second paper, entitled, "The Establishment of a State Board of Health as a Department of State Government," was read by Dr. J. W. Houston, of Chester county. This was an exceedingly able and forcible presentation of an important subject. As an exception to the common experience in our profession with reference to public speaking, as I have previously remarked, Dr. Houston manifested decided ability in this accomplishment, and delivered his remarks upon the necessity for the establishment of a State Board of Health effectively and eloquently.

At the conclusion, his views were much commended by Dr. John Atlee, Sen., and others. The great difficulty in the establishment of such a board, and, consequently, the execution of the humane designs comprehended in the results of the duties of a Board of Health, lies in the obtuseness or the want of interest on the part of the State legislators. Dr. Atlee spoke with great earnestness and with much regret, upon the apparent difficulties which were placed in the way of the medical profession when desiring to engage

the attention of our legislators upon medical subjects, subjects purely philanthropical, and designed solely for the public weal. The Doctor appealed to the Secretary of the Society, Dr. Roebuck, who had been a State Senator, to explain why it was that the petitions of medical men before the Legislature received so little attention, such constant neglect and rejection; and wished to know, from his experience, by what method it was best to approach the Legislature with any hope of success for getting the necessary act passed for the establishment of a State Board of Health? The query, we regret to say, was not replied to.

The following resolution was offered by Dr. Houston, and was unanimously adopted:

*Resolved*, That the members of this Convention will use their influence in the several county Medical Societies herein represented, to instruct their respective delegates to the State Convention to therein advocate the necessity of again appealing to the General Assembly of this Commonwealth, for legislation establishing a State Board of Health as a department of our State Government.

The next paper read was one by Dr. S. B. Keiffer, of Carlisle, entitled "Rest, and its Relation to Disease."

This was an admirable paper, and was well impressed upon the attention of the audience; and a paper which might profitably be brought to the notice of the general public as well as to that of our profession.

Dr. Jacob Hay, of York, read the fourth paper to the Society, upon the subject of "Duodenitis."

Unfortunately, at the time of the reading of this paper we were occupied in the deliberations of one of the Committees, and did not hear any part of it.

Dr. J. Z. Gerhard, of Harrisburg, next came before the audience with an exceedingly interesting essay, detailing his experience and observations derived from "A Day at Gheel; or, the Cottage Treatment of the Insane."

Although we did not hear the whole of this paper, for the reason just assigned in referring to the paper of Dr. Hay, yet we heard sufficient to awaken an earnest desire to become acquainted with the remainder. Dr. Gerhard has been Senior Assistant Physician at the State Lunatic Hospital, at Harrisburg, for the past ten years. His paper was replete with interest; and it appeared quite evident that he had most industriously employed his "Day at Gheel" to the best advantage. His remarks were well read, and well received by his auditors.

The Doctor's visit was made in July, 1877. Gheel is an ancient town in Belgium, and is located about twenty-seven miles from Antwerp, in a southeasterly direction, and has been noted as a place for the treatment of the insane since the seventh century, through a period of eleven hundred years. An establishment of such unprecedented antiquity must of necessity possess a remarkable history. The insane at Gheel are not confined to a single hospital, or even to the town, but are scattered over a district measuring about thirty miles in circumference, and amidst a population of about 12,300. At the time of the

Doctor's visit the insane numbered 1300. "The majority of the cases," the Doctor remarked, "belong to the chronic and demented classes, and live in the houses of the peasants, and some of them engage in the various domestic and field duties of the country." The town of Gheel, our essayist informs us, is the nucleus and governing centre of the community. The Doctor further states that "In 1858 an infirmary was erected at Gheel, and was placed under the supervision of Dr. Bulkens, who continued the physician in chief of the community until the time of his death, which occurred several years since. He was succeeded by his assistant, Dr. Peters. The Infirmary has accommodations for sixty patients, is occupied by the most recent and violent cases, and is arranged and managed on the plan of an ordinary hospital for the insane. The patients living in the cottages receive but very little medical treatment."

The original hospital for the insane established at Gheel partook more of a religious than of a medical character. The community was, and is, entirely under the jurisdiction of the Catholic Church; and the hospital was especially the offspring of the patron saint, St. Dymphne, an interesting religio-medical history of whom was given in the Doctor's paper.

"The great objection to Gheel," adds the author, in a private letter to the present writer, "is the defective medical supervision of the community."

We can scarcely feel surprised at this defective medical supervision when we reflect that the institution had its origin in prayer, rather than in medical skill.

At the date of the establishment of this ancient asylum for the insane, eleven hundred years ago, it was the prevailing opinion among men, except a few of the more learned, that mental derangements were purely the results of the action of the evil spirits, and that they could be exorcised in no way except by prayer. Hence the care of these unhappy patients usually fell to the lot of the Church, for its relief for their maladies. Among the ignorant much of this ancient superstition still prevails with reference to the treatment of mental diseases.

In the long history of St. Dymphne many miraculous cures are alleged to have been effected in return for the prayers of the devout and faithful.

Dr. Gerhard's entire paper, with additions, may be published at a future day.

The next speaker who appeared upon the stage was Dr. W. Stump Forwood, of Darlington, Md. The subject of his paper was, "The Treatment of the Sick Stomach of Pregnancy."

Our readers will excuse us from making any remarks upon this paper. With the permission of our good friend, the editor of the MEDICAL AND SURGICAL REPORTER, each of our readers will have the privilege of reading the entire paper in the pages of this number of the journal (see page 23), when they can judge for themselves, after a careful trial, as to the merits of the treatment proposed for that direful malady.

At the conclusion of the reading of this paper some remarks were made by Drs. Atlee, Welch-aus and M. L. Herr, as to the utility of other



methods of treatment, viz., ingluvin, pepsin, etc., which each had used with varying success.

The next paper in order was the report of a case of "Embolism," with illustrations, read by Dr. J. W. Kerr, of York. The case terminated fatally, and a post-mortem examination was made, which verified the diagnosis, and showed that the chief artery in both legs was completely occluded with clotted blood, from the feet to a point near the knees. The patient suffered horrible pain, and his legs, so far as the embolism extended, became perfectly black.

Drs. Atlee and J. Ziegler made a few remarks upon this interesting paper.

Dr. H. L. Orth, of Harrisburg, read the next paper, which was entitled "Litholapaxy." This paper was in illustration of old and of new methods of crushing stone in the bladder, and was accompanied with the different instruments which the Doctor relies upon as the best for accomplishing the object. The instruments appeared to be well adapted to the purpose, and competent for the exercise of powerful leverage.

Dr. Orth is a young physician, but is rapidly rising into the highest ranks of scientific medicine and surgery. We learn that he has successfully practiced ovariectomy under circumstances but little less than desperate.

The succeeding paper was read by Dr. W. W. Dale, of Carlisle, the subject being, "A Report of a Post-mortem Examination of a Patient Dying of Cancer of the Omentum." We may obtain some information from every carefully conducted post-mortem examination made, regardless of the special character of the fatal malady. This case of Dr. Dale's possessed several points of general interest.

In the Quarterly *Transactions* of the Lancaster County Medical Society, April, 1880, which number purports to contain only the Proceedings of the meeting at Columbia, April 7th, we find a paper on "Diphtheria," by Dr. J. L. Ziegler, of Mt. Joy. We did not hear this paper, nor hear of it; neither was it on the printed programme. The inference is that it was not delivered at the said meeting. In looking over the printed copy, we find that Dr. Ziegler relies chiefly upon mercury in the treatment of diphtheria. He prefers the cyanide of mercury, in minute doses. We will only remark in this connection our opinion, that, had the Doctor gone through such a malignant epidemic of diphtheria as the one we encountered about sixteen years ago—two or three lying dead in the house and awaiting burial at the same time—he would have acknowledged the utter futility of small or of large doses of mercury, or of any other treatment except the most heroic stimulation and antiseptic treatment.

At the conclusion of Dr. Dale's remarks, an excellent and highly practical paper was read by Dr. H. L. Coover, of Harrisburg, on "The Construction and Advantages of a New Mechanical Appliance for the Treatment of Disease of the Spine." Dr. Coover exhibited his appliances to the Society, and explained their application. One great advantage possessed by these appliances lies in their comparative cheapness as regards expense and their facilities for easy application.

The concluding paper was read by Dr. J. W. Meisenhelder, of York, his subject being the history of a case of "Traumatic Perforation of the Intestine." This was the case of a man of sixty-five years of age, who, upon attempting to get up into a large wagon, stepped upon the wheel, when his foot suddenly slipping off the wheel, his entire weight fell upon a corner of the wagon-body, and the whole force of the fall was expended upon a point in the abdomen. The patient immediately complained of agonizing pain in the part injured; and the pain continued without intermission up to the hour of the patient's death, which occurred thirty-three hours after the accident.

The Doctor terms this case one of perforation, which we, with due deference, must, in the interest of clear definitions, object to. By perforation we understand a wound produced by a sharp-pointed or by a boring instrument. The lesion, in the case referred to, was clearly and incontrovertibly a rupture.

Upon post-mortem examination of the case the rupture in the bowel proved to be only about the size of a split pea. It is astonishing how much suffering, and how speedily death follows in the midst of life and health, from such an apparently insignificant injury. We give in full the Doctor's concluding remarks upon this case:—

"The case is submitted to your consideration as one of the rare ones of medical literature. It is such a case as one sees but once in a lifetime. It illustrates with what extreme rapidity peritoneal inflammation manifests itself; and that its march is as destructive and blighting as a prairie fire. The promptness with which any injury to the peritoneum, either parietal or visceral, exhibits itself by unmistakable signs, is no doubt due to the fact that all the hollow viscera are well supplied from the solar plexus, aptly called the abdominal brain, with branches of that great sympathetic system which presides over those processes of economy not under the control of the will. From this great centre ramify minute filaments in every direction, and to every portion of the intestinal tract, and notice of injury at any point is rapidly flashed along these countless wires back to the centre, whence is returned, sharp and quick, the warning, which is the first step in Nature's effort to combat the destructive agencies which are striking with fiery tongues at human life. For he who has to do with either a frank, acute peritonitis, or with its more insidious chronic type, is standing on the ragged edge of a precipice which threatens to engulf and destroy."

The Vice-President, Dr. Miller, conducted the duties of the chair with dignity and dispatch, and all of the proceedings were harmonious and parliamentary.

A resolution was adopted, tendering the sympathies of the Association to the absent President, Dr. Thompson, in his sickness.

A bountiful dinner was provided for the delegates, at the Franklin House, a leading hotel in Columbia, at the expense, we believe, of the Committee of Arrangements. Certainly the visiting brethren were not allowed to pay for the same. And after the adjournment of the Society in the afternoon, between four and five o'clock, the good ladies in the families of the physicians

of Columbia had prepared a splendid lunch in the basement of the Opera House, for those who had long distances to travel to their homes. This consisted of delightful coffee, nice buttered rolls, cold meats, etc., all of which appeared to be enjoyed with the greatest relish, much heightened by the knowledge of the sources from which it came, and of the fair hands by which it was prepared, and the kindly feelings by which it was prompted. The ladies were in waiting themselves, and personally handed the refreshments, much to the pleasure, repeatedly and most freely expressed, of the visiting gentlemen.

Columbia, though not large, is a good-sized and beautiful town, and is rapidly growing. It is now a great railroad centre, the whistle of the locomotive being heard almost every hour of day and night. The roads here diverge to the four cardinal points of the compass.

After having finished their hasty lunch the crowd congregated at the depot, portions of them to go in every direction. Having now but a few minutes for pleasant chat and hurried farewells, the down train on the great "Pennsylvania" came rushing along, halted but a minute or two, and took off a large body of our friends to Lancaster city. We had scarcely time to renew our jokes or speak of parting, when another train came in and took off another large delegation to York; and about fifteen minutes later our Harrisburg friends took their departure; and, fourthly and lastly, and with a rather longer interval, we from down the river took our train for Port Deposit. Thus, within about one hour, between six and seven o'clock, the large number of strange physicians whose presence had excited and enlivened Columbia throughout the day had all departed to their several distant homes, and left Columbia, like "Tara's halls," deserted. They carried with them, however, the kindest feelings for the welcome and the hospitality they had met with and enjoyed at the hands of the Columbia physicians, and especially from their wives. They departed feeling that the day had been well and profitably

spent, that they had formed many new friendships with the good and the great men of the profession, which they feel will afford them enjoyment and instruction in the years to come. We know that all will excuse us for personal allusion when we say that no medical man can come in contact with such a man as the senior Dr. John L. Atlee without feeling that he has secured some pearls of wisdom that have fallen from his lips, and have stimulated in his bosom a more noble pride in his profession. This Nestor of our profession, who yet carries his years lightly, and with the springing step of active life, has recently celebrated his eightieth birthday. He informed us that he had no rest, but was as busy with his large practice as at any time for years past.

In conclusion, it is proper that we should express our warm feelings for the pleasure and instruction afforded us by our professional brethren of Lancaster county, and especially by those of the town of Columbia, for the kind welcome and generous entertainment extended to us in this delightful union meeting. This meeting, we trust, is a forerunner of many to follow, in which the physicians of neighboring counties, previously strangers to each other, and who have secluded themselves, as it were, from that contact with the profession the friction of which alone produces brightness, will be brought together more frequently, and upon more intimate and kindly terms. With such results to look forward to from this bright example, our Lancaster County friends may well congratulate themselves upon having inaugurated a means for social enjoyment and for professional instruction, alike honorable and commendable; and this example will doubtless have the effect of inducing other societies and contending physicians, who heretofore have

"Stood aloof, like cliffs asunder,"

to unite in kind, personal feeling, and in the great common cause of relieving the ills that flesh is heir to!

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Scleritis and Sclero-Keratitis.

In an article on the treatment of inflammation of the sclerotic, which appeared in *Recueil d'Ophthalmologie*, May, 1880, Dr. Galezowski insists on the importance of clearly distinguishing between scleritis confined to portions of the sclerotic distant from the corneal limbus, and scleritis occupying the limbus. In the former case, the disease, though obstinate, is, as a rule, curable, and will leave no external traces upon the eye, nor permanently interfere with vision. The second variety, on the contrary, is frequently followed by grave complications in the cornea and iris, and may lead to permanent blindness.

Both forms are intimately connected with a rheumatic or gouty diathesis, but may also be dependent on the presence of struma. As regards treatment in the first-mentioned variety of the affection, Dr. Galezowski has developed a certain procedure, which has given him excellent results. He first of all has recourse to alternate instillations of atropine and eserine, using the former twice a week, the latter every day. He then applies flying blisters to the forehead and temples, and uses ocular douches of steam. Internally, salicylate of soda is administered, in daily doses of from two to four grams, with hypodermic injections of pilocarpine. In scleritis of syphilitic origin he places his chief reliance on iodide of potassium. Each of these stages of treatment is illustrated by reported cases. In

certain instances the author has found great benefit from scarifications, at long intervals, of the inflamed and swollen surface of the sclerotic. The incision should be perpendicular to the corneal border, and should extend down to the sclerotic. If done once every ten or twelve days a single incision will often suffice to arrest the further progress of the affection. The second variety of scleritis, viz., sclero-kerato iritis, is always localized at first in the ciliary region, very near to the corneal border, whence it spreads progressively to the cornea and the iris. In such cases the author considers there is only one really efficacious treatment, viz., iridectomy. In most cases the pain is at once relieved, and within ten or fifteen days after cicatrization has become established the swelling and redness disappear, and the affection is cured without danger of relapse. In support of this doctrine he gives the history of two cases. In one the affection had proved rebellious to all treatment, and the cornea was becoming gradually infiltrated throughout its whole extent. There was also very intense peri-orbital pain. Iridectomy gave immediate relief, and subsequently removed all the symptoms. In another, a strumous girl had suffered for several months from sclero-keratitis. Both eyes were affected; there were interstitial deposits in the cornea, posterior synechiæ, and symmetrical inflammation of both sclerotics. In this case, also, the results obtained by iridectomy were most satisfactory. The author concludes by stating that he considers the above operation to be the only successful plan of dealing with these troublesome cases.

#### The Diagnosis Between Syphilis and Laryngeal Pthiasis.

M. Moure compares, in *Annales des Maladies de l'Oreille et du Larynx*, February, 1880, the symptoms of these affections at different periods: 1. The early stages of laryngeal pthiasis with secondary syphilis. 2. The ulcerative stages of laryngeal pthiasis with tertiary syphilis. The principal symptoms which he passes in review are those furnished by the voice, cough, expectoration, pain, respiration, enlargement of the glands, and local appearances of the disease. In the secondary period of syphilitic laryngitis the voice may be normal or hoarse; in the tertiary rarely aphonic, but always hoarse. In early tuberculosis the voice is husky, and there may sometimes be aphonia; in the ulcerative stage aphonia is always present. In secondary syphilis there is no cough; it is also rare in the tertiary stage, but is very frequent in the ulcerative period of laryngeal pthiasis. There is no expectoration in secondary syphilis; but it is present, and may be blood-stained and purulent, in the tertiary. In commencing laryngeal pthiasis it is mucoid, and in the ulcerative period muco-purulent. The pain is nocturnal in syphilis. The cervical and submaxillary glands usually swell in syphilis, whereas in tuberculosis they do not enlarge, but often atrophy. Both affections show hyperæmia of the mucous membrane; in pthiasis it affects the arytenoid region, and is roseate in color; in syphilis it affects the front part or the free edge of the vocal cords, and in

color is dark red. The mucous patches of syphilis project above the mucous membrane, are depressed at their centres, and are surrounded by inflammatory redness. Tuberculous erosions, though gray, like the mucous patches, differ, in not projecting above the level of the mucous membrane; their edges are confused and irregular. Gummata are apt to be mistaken for tubercles, and syphilitic for tuberculous ulceration. Gummata are large and yellow, and cause projections under the mucous membrane; tubercles are gray, opaline and small, and give a granular appearance to the mucous membrane. Gummata affect chiefly the epiglottis, the glottic portion of the larynx, and the trachea; tubercles appear most often on the subglottic portion of the arytenoid cartilages. The ulcers in syphilis are solitary or few in number, their edges are hardened and cut perpendicularly; in tuberculosis they are oval or round, with dentated edges, often covered with fleshy granulations or polypoid vegetations. Both ulcerations affect the epiglottis, but differ in their mode of evolution. In pthiasis they proceed from below upward, and from the periphery to the centre; in syphilis the process is reversed. The affection can always be arrested in syphilis; this is impossible in tuberculosis, especially if the ulcerative stage has been reached.

#### The Action of Salicylate of Soda upon the Urea, and Uric and Phosphoric Acids of the Urine, in Acute Rheumatism.

This forms the subject of a paper by Dr. Lecorché and M. Talamon, in the *Revue Mensuelle de Médecine et de Chirurgie*, for March.

The authors first briefly notice and sum up the results of the few researches recorded by previous observers as to the state of the urine after the administration of salicylate of soda. "En résumé," say they, "although differing as to details, all these (seven) authors, save one, agree that in a general way the salicylate of soda increases the proportion of solid matters in the urine. Some have found a diminution of urea, while others noted no appreciable modification of it. The uric acid was increased, according to the majority, diminished, according to others. One found the phosphates increased, another noticed no decided alteration of them."

They then record at length, as well as in tabular form, their own observations in ten cases of acute or subacute rheumatism treated by salicylate of soda, and the conclusions at which they arrive are thus stated:—

1. In the first period, during the administration of the medicine, it increases the density and color of the urine without augmenting the quantity; to this period succeeds a second (corresponding to the discontinuance of the medicine), characterized by a polyuria more or less abundant and more or less prolonged, with rapid lowering of the density and color below normal, and which is no other than the period of convalescence.

2. The urine remains in general acid; during the second period it is often neutral, and occasionally alkaline for a variable time.

3. The urea and uric acid undergo immediately, under the influence of the medicine, an

enormous increase. This increase takes place generally from the first twenty-four hours; it may, in some cases, be retarded for forty-eight or seventy-two hours. It lasts for three or four days. To this elevation succeeds a progressive lowering, sometimes abrupt, which brings back the amount of urea and uric acid to the normal or lower. In subacute rheumatism, the rise in the urea and uric acid is less prolonged than in acute rheumatism, not exceeding the first twenty-four hours.

4. The proportion of phosphoric acid rises at the same time as that of the urea and uric acid. Like them its appearance may be retarded. The increase of the phosphoric acid continues longer, especially in acute rheumatism, than that of the urea and uric acid; but the persistence of the increase after the initial elevation ought not to be attributed to the salicylate; it is, like the polyuria, the natural and ordinary consequence of the convalescence.

#### Phosphate of Bismuth.

M. Tedenat recommends, in *Montpellier Medical* the employment of phosphate of bismuth in preference to the subnitrate. The anti-diarrhoeal action of phosphate of bismuth is manifested in the same way as the subnitrate. In consequence, however, of its greater insolubility, the phosphate acts in rather weaker doses, especially in gastric affections. Notwithstanding the acidity of the gastric fluids, it is not in the slightest degree affected, which is but natural, since it resists strong acids, even in a concentrated form. The phosphate acts in somewhat smaller doses than the subnitrate, and the difference in activity is sufficiently great to create a superiority, from this point of view, in favor of the phosphate. The doses are likewise varied, according to the nature of the case. They are usually about from one to two grams. The mode of administration is absolutely identical with that of the subnitrate. With infants it suffices to place the desired quantity on the tongue, and to offer the breast or bottle. The salt is easily conveyed into the stomach, and it is possible by this means to administer large doses. Adults take this drug suspended in some liquid. In many cases some advantage is found in making it into sweetmeats and pastilles of about one or two grams. They become disintegrated in the mouth, and the phosphate is gradually conveyed into the stomach without the patient having been able to perceive the presence of an insoluble salt in the mouth.

### REVIEWS AND BOOK NOTICES.

#### NOTES ON CURRENT MEDICAL LITERATURE.

— *Godey's Lady's Book* for July contains, as usual, besides the latest fashions, a large amount of interesting reading matter, both poetry and prose.

— We acknowledge the receipt of the "Fifty-

sixth Annual Announcement of the Jefferson Medical College," of Philadelphia. The Session of 1880-81 will begin on Monday, October the 4th.

— "Bromide of Ethyl—its Toxicological Action," and "A New Narcotic; Piscidia Erythrina—Jamaica Dogwood—its Physiological and Toxicological Action," are the respective titles of two papers, by Isaac Ott, A.M., M.D., late lecturer on Experimental Physiology, University of Pennsylvania, which come to us in the form of reprints from the *Detroit Lancet*, June 1880.

— A lecture on "Coccygodynia," delivered in the Chicago Medical College, by Edward W. Jenks, M.D., Professor of Medical and Surgical Diseases of Women in said College, and a treatise on the "Treatment of Puerperal Septicæmia by Intra-uterine Injections," by the same author, come to us in the form of reprints, one from the *Medical Record*, April 17th, 1880, and the other from volume iv of *Gynecological Transactions*, 1880.

#### BOOK NOTICES.

*The Philadelphia Medical Register and Directory*, with a List of the Physicians in Pennsylvania, New Jersey and Delaware. Edited by William B. Atkinson, A.M., M.D., Permanent Secretary of the American Medical Association, and of the Medical Society of the State of Pennsylvania; late President of the Philadelphia County Medical Society, etc., etc. Philadelphia, Collins, printer, 705 Jayne street, 1880. Cloth, small 8vo, pp. 438. Price \$2.00.

The sixth edition of this useful little book is now ready, and the editor has again added largely to its contents, thus increasing the volume by about thirty pages, and rendering the work in every way more complete than any of the previous editions. It is a book which we believe no physician within this State should be without, containing, as it does, a short historical sketch of medical societies, whether national, state, county or city; of medical schools and kindred institutions, hospitals, dispensaries, homes, reformatories, benevolent associations, together with a list of instrument makers, dentists, nurses, etc., etc., and also a complete directory of physicians in Philadelphia, in Pennsylvania, in New Jersey, and in Delaware, giving the college from which they graduated, with date of graduation. This, we believe, constitutes an important improvement on former editions. It has been gotten up in a neat and elegant style, and will, we hope, have a large sale.



THE  
**Medical and Surgical Reporter,**

A WEEKLY JOURNAL,  
 Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

*The terms of subscription to the serial publications of this office are as follows, payable in advance:—*

Med. and Surg. Reporter (weekly), a year,	\$5.00
Half-Yearly Compendium of Med. Science,	2.50
Reporter and Compendium, - - -	7.00
Physician's Daily Pocket Record, - - -	1.50
Reporter and Pocket Record, - - -	6.25
Reporter, Comp. and Pocket Record, - - -	8.25

*For advertising terms address the office.*

*Marriages, Deaths, and Personals are inserted free of charge.*

*All letters should be addressed, and all checks and postal orders drawn to order of*

D. G. BRINTON, M.D.,  
 115 South Seventh Street,  
 PHILADELPHIA, PA.

THE MEDICAL ASPECTS OF EDUCATION.

II.—Household Education.

The fate of the individual is usually determined by the training he receives in the first twelve years of life. At that period the mind is developing its powers, and the body is successfully combating or else hopelessly yielding to hereditary taints. As the ante-natal education decides the character of the race, so does the training of the infant govern the after life of the individual. Then, if ever, must all resources of hygiene be summoned to make the best of the material now supplied by the ancestral lines. This period is usually passed at home, under parental and especially maternal care. Hence the enormous importance of parents instructing themselves in the hygiene and education of infants and children. How sadly these studies are neglected; how gross and unpardonable the ignorance of them, is only too clearly proved by the terrible mortality among children in nearly all classes and countries. Turn to what tables of death rates we may, in nearly all we find the

annual deaths of children under thirteen to amount to from one-third to one-half the whole number. Undoubtedly many of these are preventable deaths; and when to this number are added the countless thousands who survive past that age to drag out lives darkened and impaired by early neglect, or not less injurious early indulgence and misdirected cares, the misery brought about by parental ignorance cannot be estimated.

It is eminently the duty of the physician to correct this condition of affairs. We consider that every medical man called in to attend children should at an early opportunity inquire whether the mother has qualified herself for the care of her offspring by a perusal of some brief, plain, practical treatise on the subject. If she has not, he should not rest satisfied until she has obtained and studied one.

No mother will seek to avoid this labor if its importance is explained to her. Thousands will be thankful their life long for the timely suggestion. There are several such books, and their dissemination cannot fail to redound to the national benefit.

It is needless here for us to go into any explanation of the details of instruction which it is desirable to give in this manner. The grand principles of domestic hygiene are well known to all our readers. They are embraced in two categories. The one considers the child's surroundings and his physical functions; the other his senses, emotions, intellect and will. Neither is secondary to the other. Both are absolutely requisite to complete the full idea of Education.

Under the first come the doctrines of exercise and repose, pure air and abundant light, bathing and clothing, food and drink, work and play, and the like. Under the second should be taught the well defined principles of training the observing and reflecting faculties, of self control and self denial, of obedience and reverence, of cheerfulness and industry, the government of the appetites and the respect for truth. All these are essential to education, and not less, but more so from a purely medical point of view. How many

constitutions are ruined, how many lives sacrificed, by a lack of training in any one of these particulars!

At this period, also, the inherited tendencies to disease can be most successfully combated. The taints of phthisis and scrofula, gout and syphilis, and the like dyscrasias, should be diligently sought for, and when discovered, the proper prophylactic treatment promptly instituted, and persistently carried out. In very many instances such tendencies can be wholly eradicated before the child grows into an adult, and is ready, by marriage, to perpetuate the race.

But such education must be begun *early*. It cannot be begun too early. The enormous influence of *habit* must be called into our aid. Habit in the parent becomes heredity in the offspring; in the child it becomes character in the adult. The impress on the plastic mind of youth hardens to an indelible mark on the tougher material of manhood. We cannot, therefore, be too attentive to the dissemination of sound information of the proper education of infancy.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### FORMULA IN GONORRHOEA.

Dr. Herbert L. Snow publishes, in the *British Medical Journal*, April 17th, 1880, the following formula, which in his hands has proved of great service, and which is not particularly unpalatable:—

R.	Ol. copaibæ,	
	Ol. cubebæ,	aa 3 ij
	Liquor potassæ,	3 iiii
	Tinct. aurantii,	3 ij
	Syrupi simplicis,	3 ij
	Aq. menth. pip., q.s. ad	3 viij. M.

Sig.—Two tablespoonfuls, three times daily.

As an injection, he regards the liquor potassæ permanganatis (3 ij ad aquæ 3 vj) as by far the best injection, and it has the great advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently; and subsequently, a little zinc sulphate may be added, with benefit.

#### LOCAL ANTISEPTIC TREATMENT OF SMALLPOX.

Dr. Ernst Schwimmer, of Bruda-Pesth, states, in *Deutsches Archiv für Klinische Medizin*, that he has obtained a considerable amount of success

in the treatment of smallpox, by the use of a paste composed of—

R.	Carbolic acid,	4 to 10 parts
	Olive oil,	40 parts
	Prepared chalk,	60 parts.

Under its use the drying of the pustules took place some days earlier than usual, and in several cases no great amount of suppuration occurred on the face.

### Meat-Bread.

The *Medical Press and Circular*, June 2d, 1880, speaks of this invention, which is described by M. de Parville, in the *Journal des Debats*:—

Usually, when we eat we take the trouble of digesting at the same time our bread and our meat. Some one has conceived the idea of saving all this double work. M. Scheurer-Kestner has found the means of compelling the bread to previously digest the meat; that is so much gain for the stomach. And then, what a simplification: instead of concerning oneself with providing beefsteaks, chops, etc., there is nothing to do but provide the bread. The method is expeditious, and will be of importance to the soldier in campaign, the hunter and the traveler.

Certain juices digest meat, the juice of the papaya notably, the juice secreted by the so-called carnivorous plants, vegetable pepsin, etc. The fibrine is attacked and dissolved in the juice. M. Scheurer-Kestner, father of the senator of that name, has discovered the very remarkable fact that during bread baking there is produced a peculiar ferment which determines the complete digestion of meat. A beefsteak cut into small bits and mixed with flour and yeast disappeared entirely during baking. Its nutritive principles are dissolved and incorporated with the bread. The curious point is that the meat, which is itself putrescible, keeps indefinitely in this state. M. Scheurer-Kestner fils has placed before the Académie bread, still excellent, which was prepared in 1873. It was neither mouldy nor mitey. At first, M. Kestner employed raw meat. He mixed 500 grams of flour with 300 of fresh beef, chopped fine, adding water in proper proportion, and waiting till the dough began to ferment. After two or three hours the meat had disappeared, and the bread was baked in the usual way. The bread-meat thus obtained has a slightly disagreeable, sourish taste.

M. Scheurer-Kestner avoids this by previously boiling the meat for an hour with the quantity of water necessary to moisten the flour. The fat should be cut away from the meat, and but little salt added. Salt, being hygrometric, tends to

render the bread moist and prevent it keeping. A part of the beef is advantageously replaced by lard. The proportion of 50 meat to 100 flour must not be exceeded. Beyond that the digestion of the meat is incomplete. To tell the truth, adds M. de Parville, the meat-bread we tasted at the Académie, and which was prepared in the month of June last, looks very good, but it does not excite the appetite. Good, savory roast beef will undoubtedly be always more pleasing to the jaded stomach. However, exceptionally, and especially for preparing nutritive soups, it seems likely to serve a useful purpose. It is only necessary, having cut the bread in slices, to boil eighty grams of the biscuit in a litre of water for twenty minutes and salt to taste.

The meat-bread was sent to General Chanzy, in 1873, that he might try it for the troops. "The soup thus obtained," wrote M. Scheurer-Kestner, "although very *eatable*, is not sufficiently *appetizing*. The soldier, it is to be feared, would soon grow tired of it. However, further trial ought to be made." Since 1873 its manufacture has been greatly improved. The addition of lard gives taste to the bread. M. Scheurer-Kestner states also that veal incorporated with the bread furnishes excellent soup, which would be suitable for the sick and wounded.

#### Gunshot Wound of the Base of the Brain, Followed by Recovery.

Dr. Diez reports, in *El Siglo Medico*, a remarkable case of recovery after a gunshot wound, presumably of the base of the brain. The patient was aged nine years, and was accidentally wounded by a revolver bullet, nine millimètres (0.35 inch) in diameter. The projectile was discharged at the distance of a few feet only, and passed through the right temporal fossa at a point corresponding to the centre of the zygomatic arch, between the external angle of the orbit and the tragus of the ear, lodging at a corresponding point, but six millimètres higher, on the left side of the head. Among the symptoms noticed were partial loss of consciousness, recovered, however, within an hour, considerable epistaxis, exophthalmos, with complete loss of vision in the right and photophobia in the left eye. Slight cephalalgia, confined to the anterior portion of the head, was present; and a dull, buzzing sound, heard subjectively, followed the least movement. Hemiplegia was well marked on the right side of the body. The ball was extracted, and almost immediately the photophobia in the left eye disappeared. The treatment con-

sisted in water dressing and rest; and recovery was rapid and complete. Suppuration commenced sixty hours after the injury; the exophthalmos disappeared on the seventh, and the hemiplegia on the third day. Recovery was complete on the twenty-fourth, sight having been perfectly restored, and no apparent ill effects remaining. The author asks what could have been the actual lesion in this case, and considers that the anterior lobes and optic nerve can hardly have escaped direct injury.

#### The Prognosis and Treatment of Primary Syphilis.

M. Mauriac, in *La France Médicale*, March 3d, 1880, and following numbers, considers at some length the prognosis and treatment of the primary manifestation of syphilis. The chancre is looked upon by Mauriac as the first sign of a general constitutional disease of indefinite duration. Unfortunately, we have not yet discovered any rules which permit us to foretell, with any certainty, from the character of primary chancre, what will be the number, nature, progress, duration, etc., of the later manifestations. The primary lesion, when extensively ulcerated or phagedenic, may, to a certain extent, lead us to expect a grave form of early outbreak of the constitutional disease; but it does not give us any exact information as regards the prognosis of the later periods, nor as to whether visceral lesions are likely to occur or not. With respect to the prevention of general syphilis by excision of the initial lesion, the experiments of Auspitz, Unna and Külliker are referred to; and the author states that M. Paqvalin, of Abo, Finland, informed him that he had cut out infected chancres in eighteen cases, in one of which he had also removed the inguinal glands. The chancres were of one or two weeks' duration. In no case were general symptoms prevented. M. Paqvalin also had under observation two men who had had intercourse with the same syphilitic woman. One of the two men got the skin of the penis chafed during coitus. The excoriated spot was excised at the end of eight days. No syphilis appeared. The other man had an infecting chancre at the end of thirty days. M. Mauriac thinks that, although the practice of excision has not yet given proof of being of incontestable value, it should not, therefore, be neglected. However, that this abortive method may be placed above criticism, several conditions, rarely found in the same person, are necessary. First, one ought to be sure of the diagnosis. But, asks Mauriac, is this possible during the first few days

of the sore, and before adenopathy has appeared? And if the glandular enlargement were already present, would it not be too late to prevent general syphilis?

#### The Uncertain Action of Diuretics.

Dr. Maurel relates, in *Bulletin General de Thérapeutique*, March 30th, 1880, the results of a series of experiments which he has lately conducted with a view to study the action of certain of the most commonly used diuretics, such as potassic nitrate, chlorate, acetate, and iodide, sodic salicylate, digitalis, colchicum, and squills, the latter in the form both of tincture and of oxymel. The experiments extended over a period of forty-six days, and were undertaken on the same individuals. The general conclusions pointed to great uncertainty in the diuretic action of all these medicines; the most active was potassic nitrate, which increased the solid constituents as much as ten per cent. in the twenty-four hours. The other substances gave an increase of from five to six per cent. only. Digitalis alone gave constant results upon the excretion of water, which it notably augmented. The author believes that diuretics, as a class, whether administered in health or in disease, have very little real power. In many cases the increased excretion which they apparently induce should rather be set down to other causes, such as changes in temperature, nervous influences, or a 'crisis' in certain morbid states. The real proof of the power of diuretics would lie in their augmenting the urine at periods when it was naturally suppressed, such as in the early febrile stage of many affections; but, judged by this test, all his experiments point to their being practically inefficacious.

#### The Physiological and Therapeutic Properties of the Alkaloids of the Pomegranate.

According to the *London Medical Record*, June 15th, 1880, M. Dujardin-Beaumetz read a paper on this subject at the meeting of the Paris Académie de Médecine on May 18th, in which he postulated the following conclusions: 1. The alkaloids of the pomegranate possess real and powerful physiological properties. 2. These alkaloids induce paralysis of the motor nerves, while preserving intact muscular contractility. They do not attack sensibility, and seem to strike the motor nerves at once in their muscular terminations. They act like curare. 3. The sulphates of pelletierine and of isopelletierine possess very active tœnicide properties,

and in doses of three centigrams (1.2 grains) in a solution containing half a gram of tannin, they induce in the majority of cases (thirty-seven times out of thirty-nine, according to Dujardin-Beaumetz, and nineteen times out of nineteen, according to Laboulbène), the expulsion of the tenia, with the head. 4. New attempts should be made to apply the physiological properties of these salts in the treatment of certain diseases; in the first instance, in those in which curare has already been indicated, as tetanus and rabies; in ocular affections, in which it is necessary to induce active congestion; in the fundus of the eye; finally, in certain forms of vertigo, especially in that of Menière's disease.

#### The Local Use of Nascent Iodide of Mercury.

Dr. M. Charlouis, of Sumatra, reports, in *Vierteljahresschrift für Dermatologie und Syphilis*, No. 4, 1879, two cases of syphilitic serpiginous ulceration of the foot, treated after a somewhat novel method. After failure to produce improvement with large doses of iodide of potassium internally, and mercurial ointment locally, with occasional cauterizations with lunar caustic, the following treatment was adopted: The ulcers were penciled with tincture of iodine, and directly afterward covered with a layer of mercurial ointment. A sensation of heat in the part followed, lasting, however, only a short time. Within a week the ulcers healed in both cases. The author thinks the rapid and favorable result due to iodide of mercury forming at the point of application, and acting on the tissues in its nascent state.

### CORRESPONDENCE.

#### A Point of Difficulty not Alluded to in the Existence of Partial Laceration of the Female Perineum.

ED. MED. AND SURG. REPORTER:—

Of late much has been written in regard to the importance of partial lacerations of the female perineum. Notable are the articles of Dr. Reamy, of Cincinnati; Dr. Garrigues and Dr. Thomas, of New York. All these articles are worthy of every man's patient study.

Says Dr. Thomas, in his article entitled "The Female Perineum, its Anatomy Physiology and Pathology," "If cases of decided laceration of the perineum be closely followed up, from the lying-in room to the end of life, and all the evils which immediately and remotely arise from this accident be intelligently noted, the list would be a long one; all not, of course, showing themselves in every case, but some occurring to one woman and some to another. They may be thus presented: Septicæmia, anterior and pos-



terior uterine displacement, prolapsus, cystocele, rectocele, chronic cystitis, chronic rectitis, uterine engorgement and hyperplasia, subinvolution of uterus and vagina, destruction of power of uterine ligaments, development of tendency to abortion, impairment of sexual gratification to the male, neuralgia affecting the site of the rupture. Presented thus, this array may appear unnecessarily formidable, but there is not one pathological condition mentioned which practical men will feel inclined to question the occurrence of as a consequence of puerperal laceration of the perineal body."

Certainly the list is long and formidable enough, but I desire to add one other important evil. It is this: an inability to empty the rectum. Constipation, with all its train of secondary evils, follows, and this form of constipation cannot be cured until the laceration of the perineum has been closed. Why should it occur to a woman who has suffered laceration of the perineum down to the sphincter ani muscle? Straining efforts with the abdominal walls and diaphragm are not, *per se*, disturbed. True enough, but when pressure is brought to bear by these agencies upon the rectum, the counter pressure necessary and exerted by the muscles which unite in and help make up the perineum is wanting. Thus the woman may strain until she forces her uterus to the vulva, and she fails to so squeeze the rectum as to be able to dislodge its contents.

Some months ago a lady came under my care suffering from some singular nervous phenomena. She was a resident of Philadelphia, aged thirty-seven; had borne two children, the youngest aged nine years; an examination revealed a laceration of the cervix uteri on the right side, and a laceration of the perineum back to the sphincter ani. Note a few of her symptoms; "Constipation, bearing down pain, backache, sleeps badly, changes irregularly, leucorrhœa, cardiac palpitation, tinnitus aurium, easily startled, when stooping air gushes from the vagina, sudden movements in bed followed by escape of air from the vagina, etc.

My advice was an operation for each of the lacerations, as a starting point. After some preparatory treatment I closed the cervix on February 12th, 1880, and the perineum on February 20th, 1880. Ether was given on both occasions, by Dr. Purviance. Good union followed each operation.

Two months passed before I saw the patient again, after two weeks from her last operation. When I saw her after two months I found her looking very much improved, and she said to me, "Doctor, my ears are not any better yet." "Well," I said, "I am sorry that is so, but am very glad that was not promised. But you are looking well. Now tell me in what particular you are benefited." "Well," she answered, "my back is better. I have no whites, I sleep better, I hav'n't any bearing down pains, and I change regularly once a month. Have you noted any other improvement?" "Yes; my bowels are all right." "What do you mean by that?" "Well, when I strain I can empty the bowel." This is the point; here a patient notes it accurately, re-

mains it voluntarily, and is cured, without drugs, of a persistent constipation.

I could cite other instances, but this is enough to elucidate the point I desire to call attention to. The contributions alluded to are recent and very valuable.

R. STANSBURY SUTTON, M.D.

Pittsburg, Pa.

## NEWS AND MISCELLANY.

### The International Hygienic Congress.

The Congress will be held in Turin early in August next. The conference will last a week, but the exact day of opening is not yet fixed. At the conference held in Paris, in 1878, it was decided to hold a congress in Turin in 1880, and the Società d'Igiene di Torino has undertaken its organization. Foreigners are especially invited to attend, and it is stated that, although French is generally regarded as the official language of international congresses, yet addresses may be given in any language, and they will be translated and published in French and Italian. The general scope of the Congress is to be the same as that held in Brussels in 1876, and in Paris in 1878, but all matters of detail are left for decision until the Congress actually meets. Professor Hyacinthe Pachiotti, Rue St. François de Paul 25, Turin, is ready to receive the names of those interested in the Congress, and to send information. As at present arranged, the sections will be as follows: 1. General and International Hygiene. 2. Domestic Hygiene. 3. Professional Hygiene. 4. Hygiene of Schools and of Children. 5. Hygiene applied to Agriculture. 6. Hygiene applied to Industries. 7. Veterinary Hygiene. 8. Naval and Military Hygiene. 9. Safety Appliances of all kinds. 10. Chemistry, Architecture, etc., applied to Hygiene. The University and other bodies have announced their intention of throwing open their suits of rooms, museums, libraries, etc.

### Official List of Changes of Stations and Duties of Medical Officers of the Marine Hospital Service of the United States. April 1st, 1880, to June 30th, 1880.

Bailhache, P. H., Surgeon. Detailed as Chairman of the Board for the Physical Examination of Officers of the Revenue Marine Service. April 28th, 1880. Detailed as Chairman of the Board for Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service. May 21st, 1880. Detailed as Medical officer, Revenue bark Chase, during practice cruise. June 1st, 1880.

Miller, T. W., Surgeon. Detailed as Chairman Board of Examiners, to convene in New York June 21st, 1880. June 4th, 1880.

Long, W. H., Surgeon. Granted leave of absence for ten days, from April 16th, 1880. April 14th, 1880. Detailed as member of Board to Select a Site for a Marine Hospital at Memphis, Tenn., May 12th, 1880.

Fessenden, C. S. D. Surgeon. Detailed as Member Board of Examiners, to convene in New York June 21st, 1880. June 4th, 1880. Granted

leave of absence for eight days, from June 13th, 1880. June 9th, 1880.

Sawtelle, H. W., Surgeon. Detailed as Recorder of Board to Select a Site for a Marine Hospital at Memphis, Tenn. May 12th, 1880.

Doering, E. J., Surgeon. Detailed as Recorder Board of Examiners, to convene in New York June 21st, 1880. June 4th, 1880.

Fisher, J. C., Passed Assistant Surgeon. Granted leave of absence for thirty days, from May 6th, 1880. April 21st, 1880. Detailed as Recorder of Board for the Physical Examination of Officers of the Revenue Marine Service. April 28th, 1880.

Godfrey, John, Assistant Surgeon. To report to Board of Examiners, for examination for promotion. June 4th, 1880.

Brown, F. H., Assistant Surgeon. To act as Inspector of Unserviceable Hospital Property at Boston, Mass. April 13th, 1880. To report to Board of Examiners for examination for promotion, June 4th, 1880.

Goldsborough, C. B., Assistant Surgeon. Detailed as Recorder of Board for the Physical Examination of Candidates for Appointment as Cadets in the Revenue Marine Service. May 21st, 1880.

Keyes, H. M., Assistant Surgeon. To act as Inspector of Unserviceable Hospital Property at St. Louis, Mo. April 13th, 1880.

Mead, F. W., Assistant Surgeon. To act as Inspector of Unserviceable Hospital Property at San Francisco, Cal. April 19th, 1880.

Porter, F. D., Assistant Surgeon. Granted leave of absence for fourteen days from July 2d, 1880. June 29th, 1880.

#### PROMOTION.

Fisher, J. C., Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon. April 2d, 1880.

#### OBITUARY NOTICES.

—Samuel Messenger Bradley, F.R.C.S., Surgeon to the Manchester Royal Infirmary, died on May 27th, at the early age of thirty-nine. He was a brilliant surgeon, a cultured gentleman, and one of the brightest and wittiest of companions. Mr. Bradley was born in 1841, and qualified for admission to the medical profession by becoming a Member of the Royal College of Surgeons in 1862; and in the same year Licentiate of the Apothecaries' Society. He passed the examination for the Fellowship of the College of Surgeons in 1869. After he had qualified, he entered the Manchester Royal Infirmary as assistant physician. For a time he acted as Professor of Physiology in Stonyhurst College, and was Surgeon to the Ancoats and Ardwick Dispensary. Mr. Bradley was Lecturer on Practical Surgery at the Medical School of the Owens College, having previously been Lecturer on Anatomy in that Institution.

He has also contributed largely to medical literature. His "Manual of Comparative Anatomy and Physiology" was first issued in 1869; and the second edition, issued at the close of 1873, was entirely rewritten. A third edition appeared in 1875. His latest book, "On the

Injuries and Diseases of the Lymphatic System," was published last year, and met with warm approval. In conjunction with Mr. Walter Whitehead, he edited the *Manchester Medical and Surgical Reports* for 1870 and 1871, and remained as one of the editors for some time after the amalgamation of the publication with a similar serial at Liverpool, when it became the *Liverpool and Manchester Medical and Surgical Reports*. To this publication Mr. Bradley contributed several papers of professional interest, and one of more general scientific interest on the "Shape of English Skulls." Mr. Bradley's anatomical studies had led him to the cognate field of anthropology. A note by him on the peculiarities of the Australian crania was read at the meeting of the Anthropological Institute, on May 6th, 1872. His observations were based upon an examination of some skulls, brought by Mr. G. Roberts, Jr., from the borders of Lake Albert, which had belonged to members of a tribe who were "without superstition of any kind."

#### QUERIES AND REPLIES.

Dr. C. E. O., of Miss., requests information as to the opinion of the best surgeons in regard to hypodermic injections of carbolic acid in hemorrhoids, amount injected and number of injections necessary.

Ans.—We would refer him to the *MEDICAL AND SURGICAL REPORTER* for Jan. 7th, page 55; we have used it ourselves successfully, combined with ergotine in the following formula:—

R.	Acid carbolic,	gr. xv	
	Ergotine,	gr. vj	
	Glycerini,	℥j.	M.

The whole amount injected at one time; but should be glad to hear from others on the subject.

Dr. H. W. S.—1. We do not know. 2. We have never seen any evil effects from Fowler's solution administered in the doses you mention, yet we should always be on the lookout for any unpleasant symptoms, as some peculiar idiosyncrasy may exist, in which there is absolute intolerance to the drug.

Dr. L. N. D., of Ind., writes:—Have any of your readers any knowledge of deleterious results, coming from the use of the patent compound, termed "Anti-fat?" There have been two fatal cases here, of peculiar stomach and bowel ailment, in both of which this nostrum is said to have been used. Is anything known of its composition?

#### MARRIAGES.

FREEDLEY—BOWMAN.—On June 8th, 1880, at the bridegroom's summer residence, at Pott's Landing, by Rev. J. H. Hendricks, Samuel Freedley, M.D., of Philadelphia, and Mrs. Mary E. Bowman, of Montgomery county.

#### DEATHS.

CORNELIUS.—In this city, on the 15th ultimo, William S. Cornelius, M.D., aged forty-five years.

DEMME.—On the 18th ultimo, at Schooley's mountain, N. J., Dr. Theodore A. Demme, in the 47th year of his age.

LAUTENBACH.—In this city, on the evening of the 24th ultimo, Dr. B. Franklin Lautenbach.

OSBORNE.—On June 25th, at Council Bluffs, Iowa, Dr. Henry Osborne, aged 50 years.